Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
CalOptima Health Plan

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Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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2005 Annual Review: CalOptima Health Plan

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of CalOptima Health Plan to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- **Access** (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- **Timeliness** as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well CalOptima Health Plan performs in the areas of quality, access, and timeliness, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate CalOptima Health Plan's (CalOptima) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version, 3.0H CAHPS is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on CalOptima Health Plan

CalOptima is a full service, not for profit health plan contracted in Orange County as a county organized health system (COHS). The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since June 28, 2000. As of July 2003, CalOptima's total Medi-Cal enrollment was 287,983 members.

During the HEDIS reporting year of 2004, CalOptima collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations.
- Breast Cancer Screening.
- Cervical Cancer Screening.
- Chlamydia Screening.
- Use of Appropriate Medications for People with Asthma.

To assess member satisfaction with care and services offered by CalOptima, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom CalOptima provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties with an understanding regarding whether children with more complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, CalOptima submitted the following for review:

- Improving Access to Adolescent Well Care Services.
- Improving the rate of postpartum visit "check up after delivery.
- Hospital Quality Program.
- Initial Health Assessments.

The health plan systems review for CalOptima reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covered activities performed by the health plan from January 2002 to December 2002 and was conducted January 13 -16, 2003. This process includes document review, verification studies, and interviews with CalOptima staff. These activities assess compliance in the following areas:

- Utilization Management.
- Continuity of Care.
- Availability and Accessibility.
- Member Rights.
- Quality Management.
- Administrative and Organizational Capacity.

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from October 2000 – March 2001, was to assess how well member grievances and prior authorizations are

processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by CalOptima.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report.
The table below shows the aggregate results obtained by CalOptima.

Table 1. 2004 HEDIS Quality Measure Results for CalOptima Health Plan

HEDIS Measure	2004 CalOptima Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status Combo 1	72.9%	64.7%	61.8%
Breast Cancer Screening	49.5%	53.1%	55.8%
Cervical Cancer Screening	59.3%	60.8%	63.8%
Chlamydia Screening in Women	28.9%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	63.2%	61.0%	64.2%

CalOptima exceeded the Medi-Cal managed care average for two HEDIS measures and fell below the Medi-Cal managed care average for three HEDIS measures. The "Use of Appropriate Medications for People with Asthma" measure result for CalOptima exceeded the Medi-Cal managed care average although it fell slightly below the National Medicaid HEDIS average. CalOptima's HEDIS results were less favorable compared to the National Medicaid HEDIS average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of CalOptima enrollees regarding their satisfaction with care. Also surveyed was a subset of the CalOptima childhood population who has special health care needs. They are reflected by the CSHCN notation in the table. The non CSHCN reflects the parents' response for children in the CalOptima population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for CalOptima Health Plan

CAHPS Measure	Population	2004 CalOptima Rate	2004 Medi-Cal Average
Getting Needed Care	Adult	69%	69%
	Child	71%	77%
	CSHCN	63%	N/A
	Non-CSHCN	75%	N/A
How Well Doctors Communicate	Adult	53%	51%
	Child	50%	52%
	CSHCN	49%	N/A
	Non-CSHCN	50%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for children as compared to adults. The CalOptima child rate fell below the Medi-Cal managed care average (71% versus 77%). Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with "Getting Needed Care" than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for CalOptima's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that CalOptima members perceive that there are opportunities for improvement in practitioner communication. The CalOptima adult rate for this measure exceeded the Medi-Cal managed care average by a few percentage points (53% versus 51%). The finding that parents of the CSHCN population have a slightly different rate of satisfaction with communication as parents of Medi-Cal children (50% versus 49%) leads to the belief that practitioners may differentiate in their communication style between the two groups. Additionally, CalOptima adults are generally more satisfied with the communication skills of practitioners compared to the parents of the Medi-Cal child enrollees.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), CalOptima used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted CalOptima's success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by CalOptima can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by CalOptima.

Improving Access to Adolescent Well Care Services

- Relevance:
  - There is consistent underutilization of routine adolescent well care services within the MCMC system.
- Goals:
  - To improve access to, and quality of health services provided to the growing number of adolescents (aged 12-21 years) in California enrolled in the Medi-Cal Managed Care (MCMC) health plans.
- Best Interventions
  - Established local referral resources for health education class.
  - Implemented an educational campaign to promote the importance of annual adolescent well care which includes quarterly provider and member education bulletins.
- Outcomes: N/A This project is a baseline measure.
- Attributes/Barriers to Outcomes:
  - Barrier: Member indifference toward health care; member/parents do not understand the importance of undergoing annual well care visits.
  - Barrier: Cost of financial incentives. (newsletters, provider education).
  - Barrier: Lack of knowledge about community resources.
  - Barrier: Parents do not take adolescents for well care visits if they are not sick.

Improving the rate of postpartum visit "check up after delivery"

- Relevance:
  - CalOptima serves a community largely comprised of women and children accounting for approximately 3,000 live births per year.
- Goals:
  - Improve the rates of postpartum visits.
- Best Interventions:
  - Member incentive program information letter to pregnant members with a verification form and postage paid return.
  - Ongoing member newsletter articles.
  - Informational flyer in member enrollment package.
  - Postpartum visit is bundled with prenatal-authorization not required.

- Outcomes:
  - There was steady baseline improvement from 1999 to 2003. Rates were as follows:
    a) 1999: 44.35%
    b) 2000: 52.67%
    c) 2001: 63.29%
    d) 2002: 39.18%* (based on administrative data only)
    e) 2003: 63.83%
- Attributes/Barriers to Outcomes:
  - Barrier: For 2002, only administrative methodology was used to calculate rates, therefore the results are not comparable to previous years.
  - Barrier: Issues identified regarding perceived need for post-partum care.
  - Barrier: Issues regarding awareness of presumptive eligibility.
  - Barrier: Need for Medi-Cal application process support.

Hospital Quality Program

- Relevance:
  - Each year at least 98,000 people die in hospitals as a result of preventable medical errors.
- Goals:
  - To improve quality of care, patient safety, and patient satisfaction of the hospitalization experience.
- Best Interventions:
  - N/A Interventions or actions have not been reported by CalOptima.
- Outcomes:
  - N/A Interventions or actions have not bee reported by CalOptima.
- Attributes/Barriers to Outcomes:
  - N/A No interventions or actions have been implemented.

Initial Health Assessment

- Relevance:
  - Recognition of the need for timely health screenings in order to prevent and detect disease, the California Department of Health Services requires initial health assessments for Medi-Cal members.
- Goals:
  - Continued improvement and focused activities to increase initial health assessment rate.
- Best Interventions:

- New member orientations to review the procedure to notify the Social Security Agency when changing a telephone number or address.
- Customer Service Representatives will verify contact and eligibility information when members call in.
- A Health Network QI Workgroup was created and can collaborate on intervention strategies.
- QI nurse will gather interventions the Health Networks have completed and review.
- Meet with Kaiser to assess their crosswalk of Initial Health Assessment codes.

➢ Outcomes: N/A This project is a baseline measure.

➢ Attributes/Barriers to Outcomes:

- Member contact information is inaccurate.
- Possible miscoding of Initial Health Assessments by the Health Networks.
- CalOptima has a shortened timeframe to perform outreach on new members with retroactive eligibility.

Table 3 Represents the Qualitative Results for each QIP.

Health Plan	QIP Activity	Indicator	Baseline	Re-measurement #1	Re-measurement #2
CalOptima	Improving Access to Adolescent Well Care Services	Rates of members who received an Adolescent Well Care Visit	01/01/03 43.06%		
	Improving Post-Partum Visit Rates	Rate of members who delivered a live birth during the reporting year	11/99 44.35%	11/00 52.67%	11/01 63.29%
	Hospital Quality Program	1. Joint Commission of Accreditation of Health (JCAHO) ORYX Quality Outcomes Core Measures or Pediatric Measures 2. National Patient Safety Goals 2003 3. Patient's Evaluation of Performance-California (PEP-C) Annual Survey	1. Not reported 2. Not reported 3. Not reported		
	Initial Health Assessment	1. Initial health assessments for children under age 21 2. Initial health assessments for adults (age 21 and over) 3. Initial health assessments for children under age 18 months	8/2003- 38% 8/2003 34% 8/2003 70%		

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, CalOptima was assessed specifically in the following areas:

- Quality Management Review Requirements
  - Qualified Providers
  - Program Description and Structure
  - Administrative Services
  - Delegation of QIP Activities
- Member's Rights
  - Grievance Systems
- Continuity of Care
  - Coordination of Care: Within the Network
  - Coordination of Care: Outside the Network/Special Arrangements
  - Initial Health Assessment
  - Referral Follow-Up Care System

CalOptima was found to have opportunities for improvement in the areas of qualified providers, program description and structure, administrative services and delegation of QIPs. As well, opportunities for improvement were also identified related to grievance systems, coordination of care outside the network and for special arrangements, initial health assessments and for referral follow-up care system. To address these opportunities, DHS/DMHC conducted active oversight of CalOptima's corrective action process.

Summary of Quality

In summary, CalOptima demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medi-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for CalOptima Health Plan

HEDIS Measure	2004 CalOptima Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	73.1%	75.7%	76.0%
Postpartum Check-up Following Delivery	63.8%	55.7%	55.2%

Access to timely prenatal care remains an area for improvement. CalOptima performed a QIP activity to improve postpartum check-ups after delivery and were successful in demonstrating improvement. Perhaps a focused activity related to timeliness of prenatal care can lead to improvement in this area. A barrier analysis related to timeliness of prenatal care is warranted and needs to be followed by interventions targeted to ameliorate or eliminate those identified barriers.

CAHPS®

CalOptima scored below the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and exceeded both comparison averages for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results demonstrate that there is potential for improvement pertaining to access.

Table 5.2004 CAHPS Access Measure Results for CalOptima Health Plan

CAHPS Measure	Population	2004 CalOptima Rate	Medi-Cal Managed Care Average
Getting Care Quickly	Adult	35%	35%
	Child	34%	38%
	CSHCN	33%	N/A
	Non-CSHCN	35%	N/A

Findings from 2004 indicate that CalOptima scored at the exact same rate as the Medi-Cal managed care average for adults in this measure and scored below the average for children (34% versus 38%). However of greater importance is the fact that children with chronic care needs (CSHCN) have slightly less satisfaction with access than CalOptima's Medi-Cal children's population. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is less satisfied with their ability to obtain routine care and when they perceive a more urgent need, they are not necessarily better able to obtain care compatible with their expectations. We can infer from these results that there may be opportunity for improvement in the area of access.

Quality Improvement Projects

CalOptima Health Plan performed two quality improvement projects that encompassed access attributes. The initial health assessment QIP required that health assessments were completed for new enrollees within 120 days of enrollment in the health plan. Therefore, efforts to outreach to the affected segment of the population were necessary to improve this measure. The postpartum QIP also demonstrates CalOptima's acknowledgement of the importance of access to care delivery. The selection of these two projects confirms CalOptima's awareness that access to care delivery is as important to quality health care as the receipt of the needed service.

The commitment to enhance access to care delivery is demonstrated in the postpartum QIP. The improvement from baseline measure to the last re-measurement period is substantial. Although the Initial Health Assessment QIP has no re-measurement data at this time, the EQR anticipates improvement due to the diligence of CalOptima to improve access to care delivery.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and DMHC. This audit covered health plan activity from 2002 and encompassed a compliance review considering the following requirements which represent proxy measures for access:

- Member's Rights
  - Cultural and Linguistic Services
  - Primary Care Physician
- Availability and Access
  - Access To Medical Care
  - Access To Emergency Services
  - Access To Pharmaceutical Services
  - Access To Specific Services

After completion of the review, DHS/DMHC, identified opportunities in the area of access to medical care and emergency services. As well, deficiencies were identified in the area of specific services related to family planning. CalOptima implemented recommendations and corrective action to address deficiencies related to Access Review Requirements.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access, CalOptima addressed the access areas related to medical care and emergency services as noted in the DHS/DMHC A&I audit. CalOptima corrected the identified issues in order to comply with the access standards required by DHS/DMHC.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for CalOptima Health Plan

HEDIS Measure	2004 CalOptima Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	49.8%	48.7%	45.3%
Adolescent Well-Care Visits	43.1%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	0.0%	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	0.0%	33.1%	N/A

Both HEDIS measures for timeliness exceeded the Medi-Cal managed care average and the National Medicaid HEDIS average. When looking at this data compared to the HEDIS childhood immunization results for CalOptima, it is explicable that the rates are found to be high for both measures (Childhood Immunization Status and Well Child Visits in the First 15 Months of Life- 6 more visits). This may indicate that since practitioners performed a higher rate of child visits, childhood immunization rates may be higher in return. This may indicate that practitioners are not missing opportunities to immunize children. These measures of timeliness demonstrate strengths of CalOptima.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7: 2004 CAHPS Timeliness Measure Results for CalOptima Health Plan

CAHPS Measure	Population	2004 CalOptima Rate	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	55%	54%
	Child	51%	53%
	CSHCN	51%	N/A
	Non-CSHCN	51%	N/A
Health Plan's Customer Service	Adult	67%	70%
	Child	67%	67%
	CSHCN	54%	N/A
	Non-CSHCN	74%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. CalOptima adult members find office staff slightly more helpful when compared to the general Medi-Cal population (55% versus 54%). However, the CalOptima child rate for this measure fell below the Medi-Cal average (51% versus 53%). If staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care. It is noteworthy that parents of children with chronic care needs find office staff less courteous and helpful than Medi-Cal enrollees. The child and CSHCN rates for this measure are the same (51%). This is important as this population often requires more guidance from office staff in order to avoid crisis care management. CalOptima adult members generally find health plan customer services staff less helpful than the CSHCN population. This may be explainable due to the fact that the CSHCN population is likely to require more information related to direct medical care. This information is likely to be better provided by the medical office staff. The adult rate fell below the Medi-Cal average. The adult and child rates for this measure are identical (67%). The results indicate that there are some areas that may be targeted for improvement in the area of timeliness.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPs**.** Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. CalOptima used a variety of mechanisms to address timeliness, including sending birthday card reminder, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

CalOptima performed two QIPs, Initial Health Assessments and Receipt of Postpartum Care, where timely delivery of the service was necessary for compliance. These QIPs acknowledge CalOptima understands the importance of timely care delivery as well as receipt of the service. These QIPs also demonstrate that CalOptima acknowledges the relationship between timeliness and access. If care or service cannot be

obtained (a measure of access), timely provision of the needed service is unlikely. Thus CalOptima demonstrates an understanding of the importance of timely care delivery in the overall provision of quality health services.

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2002 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management
  - Prior Authorization Review Requirements.
  - Prior Authorization Appeal Process.
  - Pharmaceutical Services in Emergency Circumstances.

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review and pharmaceutical services in emergency circumstances. To address these opportunities, DHS/DMHC conducted active oversight of CalOptima's corrective action process. CalOptima implemented recommendations and corrective action to address deficiencies related to Timeliness Review Requirements as required by the State.

Summary for Timeliness

Timeliness barriers are often identified as access issues. CalOptima addressed timeliness in many of the QIPs. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPs focus upon HEDIS-related topics and methodology, CalOptima demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of CalOptima management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- Improvement demonstrated in the postpartum care QIP.
- General precise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- CalOptima scored above both the Medi-Cal average as well as the Medicaid average for the access for postpartum care.
- Elimination of the prior authorization program for postpartum care.

Timeliness:

- CalOptima exceeded both the Medi-Cal average as well as the National Medicaid average for 15 month childhood visits as well as adolescent well care rates.
- CalOptima's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Develop strategies that optimize member participation in the selected activity.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective toward obtaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members perceptions of their ability to access care when needed has an impact upon the actual receipt of timely care or service.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.

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